


D.I. # _____

CIVIL ACTION

NUMBER: _____

06 CV 396 JJF

U.S. POSTAL SERVICE
CERTIFIED MAIL RECEIPT(S)

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 4.20
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.45
	
Sent To	WARDEN TOM CARROLL
Street, Apt. No., or PO Box No.	DELAWARE CORRECTIONAL CENTER 1181 PADDOCK RD.
City, State, ZIP+4	SMYRNA, DE 19977
PS Form 3800, June 2002 See Reverse for Instructions	

7005 1820 0004 3169 6671